

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

25595

State File No.

FILED AUG 16 1955

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Linden		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY OR TOWN Rogersville. rt		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural. Linden				e. STREET ADDRESS (If rural, give location) Rogersville. Mo Rt # 2			
3. NAME OF DECEASED (Type or Print) a. (First) Ronald Franklin		b. (Middle)		c. (Last) Stine (Estes)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 2. 1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not married		8. DATE OF BIRTH Feb. 21. 1940	
9. AGE (In years last birthday) 15		10. UNDER 1 YEAR Months Days		11. UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Frank Estes			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Lois Thomas		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Estes, Rogersville Mo			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BASAL SKULL FRACTURE ANTECEDENT CAUSES DUE TO (b) AUTOMOBILE ACCIDENT DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HI. 4125		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LINDEN TWP. CHRISTIAN MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) AUG. 2-1955 4:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? CAR WENT OUT OF CONTROL			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John Alan Hasser CORONER CHRISTIAN CO.				23b. ADDRESS CLEVER, MISSOURI		23c. DATE SIGNED AUG. 4-1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/7/1955		24c. NAME OF CEMETERY OR CREMATORY Hopedale		24d. LOCATION (City, town, or county) (State) Christian Mo	
DATE REC'D BY LOCAL REG. 8-16-55		REGISTRAR'S SIGNATURE Chyle A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin		ADDRESS Ozark Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *T. B. Chaffin*

Licensed Embalmer No *2192*

P. O. Address *Orank, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.